



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Palpu PUSHPANGADAN et al.

Title:

SAFE, ECO-FRIENDLY, HEALTH PROTECTIVE HERBAL COLOURS AND AROMA USEFUL FOR COSMACEUTICAL APPLICATION

Appl. No.:

Unassigned

Filing Date: May 2, 2001

Examiner:

Unassigned

Art Unit:

Unassigned

## UTILITY PATENT APPLICATION **TRANSMITTAL**

Commissioner for Patents **Box PATENT APPLICATION** Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

> Palpu PUSHPANGADAN Shanta MEHROTRA Ajay Kumar Singh RAWAT Sayyada KHATOON Raghavan GOVINDARAJAN

Гì	Applicant	ممنماه	المصما	antity		under	27	CED	1	27	
ıı	Applicant	claims	smail	entity	status	under	3/	CFR	1.		

## Enclosed are:

- Specification, Claim(s), and Abstract (33 pages). [ X ] [X] Formal drawings (24 sheets, Figures 1-24). [ X ] Unexecuted Declaration and Power of Attorney (3 pages).
- [ ] Information Disclosure Statement.
- [ ] Form PTO-1449 with copies of \_\_\_\_ listed reference(s).



## [ ] Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims		Included in		Extra				Fee
	as Filed		Basic Fee		Claims		Rate		Totals
Basic Fee							\$710.00		\$710.00
Total Claims:	83	-	20	=	63	Х	\$18.00	=	\$1134.00
Independents:	4	-	3	=	1	X	\$80.00	=	\$80.00
If any Multiple [	any Multiple Dependent Claim(s) present: + \$270.00					=	\$270.00		
Surcharge under Declaration	charge under 37 CFR 1.16(e) for late filing of Executed + \$0.00					\$0.00	=	\$0.00	
							SUBTOTAL:	=	\$2194.00
[ ] Small Entity Fees Apply (subtract ½ of above): TOTAL FILING FEE:						:t ½	of above):	=	\$0.00
						=	\$2194.00		

- [ ] A check in the amount of \$ to cover the filing fee is enclosed.
- The required filing fees are not enclosed but will be submitted in response to the [ X ] Notice to File Missing Parts of Application.
- [ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, postdated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

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